



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 24 2023

BY 1505

1. Entity ID Number <u>000160434</u>		2. Exact name of the Corporation <u>Peaceful mind INC.</u>	
3. Principal Office Address <u>21 College Hill Road, Suite 1A</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02886</u>	
4. NAICS Code <u>621420</u>	6. Brief description of the character of business conducted in Rhode Island <u>Counseling, mental health intervention</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Cecilia Dietzler</u>		Vice-President Name <u>N/A</u>	
Street Address <u>21 College Hill Road</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u>	City	State
	Zip <u>02886</u>		Zip
Secretary Name <u>N/A</u>		Treasurer Name <u>N/A</u>	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>N/A</u>		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>N/A</u>	CLASS/SERIES <u>.01</u>
			PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative <u>Cecilia Dietzler</u>		Date <u>2/21/23</u>	
Signature of Authorized Representative <u>Cecilia Dietzler</u>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023